



**APPLICATION FOR OPERATING AUTHORITY
(DISABLED PERSONS CARRIER)**

PLEASE READ AND FOLLOW INSTRUCTIONS CAREFULLY.

ATTACH \$25.00 FILING FEE MADE PAYABLE TO "KENTUCKY STATE TREASURER"

TO: Office of Legal Services
200 Mero Street, 6th Floor
Frankfort, Kentucky 40622
Telephone: 502-564-4540
Fax: 502-564-5238

DOCKET NO. _____
(Department Use Only)

If you intend to operate this business under an assumed name - d/b/a, state the name and attach a copy of your declaration to use an assumed name showing it has been properly recorded at the appropriate County Clerk's Office.

NAME _____

D/B/A _____

STREET _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

TELEPHONE _____

MAILING ADDRESS (if different from above) _____

1. List all Kentucky intrastate certificates and permits currently held by the applicant by name and number.

2. Is the certificate being sought in this application to be an extension of any certificate now held?

☐ Yes ☐ No If yes, attach current certificate.

3. County for which authority is being sought _____

What is the number of vehicles sought to be operated? _____

4. Is the applicant a sole proprietorship? ☐ Yes ☐ No If no, answer A or B.

A. Partnership? If yes, give names and addresses of partners.

B. Corporation? If yes, give state of incorporation, principal address, and agent name and address for Kentucky process if nonresident. Attach current copy of certificate of good standing from state of incorporation.

5. Attach to this application a complete financial statement of the applicant on Form TC 95-599.

6. Has the applicant or any officer or principal of the applicant been denied any motor carrier authority by this Cabinet in the past six months? ☐ Yes ☐ No

NAME _____

D/B/A _____

7. Has the applicant or any officer or principal of the applicant been convicted during the past year in any state for violation of a motor carrier law or regulation? ☐ Yes ☐ No

If yes, explain. _____

I, the undersigned official of the above applicant after being first duly sworn, state that the above information is true and correct to the best of my knowledge and belief.

Signature of Applicant Official

Official Title

THIS APPLICATION SHALL BE NOTARIZED.

STATE OF _____)

COUNTY OF _____)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS THE _____ DAY OF _____ 20_____

Notary Public

My Commission Expires

Attorney for Applicant (if applicable)

Address

Telephone Number (including Area Code)